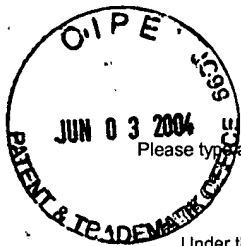


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AMENDMENT UNDER 37 C.F.R. §1.111 Address to: Mail Stop Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	CELL-011CON
	Confirmation No.	8799
	First Named Inventor	YU, DE-CHAO
	Application Number	09/875,228
	Filing Date	June 5, 2001
	Group Art Unit	1635
	Examiner Name	SCHNIZER, RICHARD A.
	Title: "HUMAN GLANDULAR KALLIKREIN ENHANCER, VECTORS COMPRISING THE ENHANCER AND METHODS OF USE THEREOF"	

Sir:

This amendment is responsive to the Office Action dated January 30, 2004 for which a three-month period for response was given. Please amend the above-identified application as follows:



Please type a plus sign (+) inside this box →



PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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1635
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/875,228
		Filing Date	June 5, 2001
		First Named Inventor	YU, DE-CHAO
		Group Art Unit	1635
		Examiner Name	SCHNIZER, RICHARD A.
Total Number of Pages in This Submission	10	Attorney Docket Number	CELL-011CON
ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
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<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CD(s)		
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Signing Attorney/Agent (Reg. No.)	PAMELA J. SHERWOOD, 36.677 BOZICEVIC, FIELD & FRANCIS LLP		
Signature			
Date	June 1, 2004		

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